

CLERK OF THE COURT  
SUPERIOR COURT OF ARIZONA

MARICOPA COUNTY

201 WEST JEFFERSON  
PHOENIX, ARIZONA 85003

MICHAEL K. JEANES  
CLERK

(602) 506-3676  
FAX# (602) 506-7684  
TDD# (602) 506-3211

Dear Affiant/Payee

Enclosed is the **Stop Payment Affidavit** that you requested. To avoid any delays in processing, please follow the instructions listed below and return it to our office:

- ✓ When completing the Stop Payment Affidavit, print legibly or type the information requested. Be sure to sign the affidavit on the designated signature line provided near the bottom.
- ✓ Verify that the information on the affidavit is correct. Of it is not, strike out the wrong information, make the necessary correction(s), and initial the change.
- ✓ The Stop Payment Affidavit must be **notarized** when it is returned by mail, or the affiant/payee may present it in person to a Deputy Clerk of the Court.
- ✓ Pursuant to A.R.S. 12-284 & 12-115, there is a non-refundable charge of \$15.00 **per item/stop payment**, which must be paid at the time we accept the Stop Payment Affidavit. Please refer to the enclosed billing form and return it with the affidavit.

If the missing check(s) in question has been cashed, you will be notified. If you have any further questions regarding the Stop Payment Affidavit, Please contact our office.

RESTITUTION FINES AND REIMBURSEMENTS

(602) 506-8621

## STOP PAYMENT AFFIDAVIT

STATE OF ARIZONA  
COUNTY OF MARICOPA

**Return to:** The Clerk of the Superior Court  
Restitution Fines and  
Reimbursement Section  
201 W Jefferson Street  
Phoenix Arizona 85003

I, \_\_\_\_\_, being duly sworn on oath, depose and say:

That I am the recipient of court ordered payments on case \_\_\_\_\_ through the Superior Court in Maricopa County and that I have not received or cashed the following check(s) issued by the Clerk of the Superior Court. I hereby request a stop payment on the following check (s):

Check # _____	Dated _____	Amount \$ _____
Check # _____	Dated _____	Amount \$ _____
Check # _____	Dated _____	Amount \$ _____

I understand a stop payment will not be placed until ten (10) working days after the original issue date. If I have had an address change, I must wait the ten (10) working days to allow time for my check to forward to my new address.

Per A.R. S. 12-284 & 12-115, I understand a non-refundable charge of \$15.00 per check which covers research and cost, must be paid at the time of the stop payment request. (Please make check or money order payable to: The Clerk of the Superior Court). This process can be expedited through the use of a credit card and by calling (602) 506-8621.

If the requested check has already cleared the bank, I will be notified by the Clerk of the Court of the paid date.

I have been advised that if I cash the above referenced check, I will be responsible for reimbursement of same.

\_\_\_\_\_  
*Signature of affiant*

\_\_\_\_\_  
*address*

\_\_\_\_\_  
*telephone number*

\_\_\_\_\_  
*city and state*

*Subscribed and sworn before me this*

\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

*My commission expires:* \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Notary public

o

\_\_\_\_\_  
r Deputy Clerk